

APPLICATION FOR CLIENT NUMBER



1A. Enter Staff Leasing Company Information

Staff Leasing Co. State No. _____ - _____

Staff Leasing Co. Name _____

1B. Enter Client Company Information

Client's Federal Number _____ - _____

Client's Employer Name _____

Client's Trade Name _____

Client's Mailing Address _____

OFFICIAL USE ONLY				
Tennessee ID#	M. No.	SIC	County	Area
Liab. Org.	Date Liable	First Employment	Rate	
Ind GI	Comp Year	Status Rec Date	ROC	MS IC
Previous No.	S I C 6	A SIC -6	AUX-SIC	
				VERIFIED

2. Client's PHYSICAL BUSINESS ADDRESS in Tennessee if different from above:

CLIENT'S
COMPANY PHONE: (_____) _____

CLIENT'S
FAX NUMBER: (_____) _____

NOTE: If client organization is exempt from Federal Income Taxes under Section 501(C)(3) of the IRS Code, attach a copy of letter of exemption.

3. CHECK (X) FORM OF ORGANIZATION OF CLIENT COMPANY

- ☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ LIMITED PARTNERSHIP
☐ OTHER

4. Name of Client Company's Partners, Corporate Officers, Limited Liability Company Members, and Managers (if Board Managed), General Partners (Attach separate sheet if necessary)

Social Security Number
Residential Address and Phone

NOTE: If client is a Limited Liability Company, are you treated by IRS as a(n) ☐ Individual Proprietorship ☐ Partnership or as a ☐ Corporation

5. Name of person responsible for payroll records _____ Phone Number _____

6. A. Number of client's workers in Tennessee _____ B. Date client's workers first employed by staff leasing company in Tennessee _____
C. Date client's workers first paid by staff leasing company in Tennessee _____

7. Briefly describe the major business activity of the client company's account to be covered, listing any products produced or sold, or service provided. Be as descriptive as possible.

In what **Tennessee County** is the client company located? _____

(If account covers sales reps or other personnel working from home, list county of residence. If county is unknown, list city of residence.)

For the work location covered by this application, is the main activity to: (Check one)

- ☐ Supply products and services to the general public or other companies
☐ Support other locations of the client company (if you check this, please specify below)
☐ HEADQUARTERS (e.g.: Corporate or regional management offices)
☐ ADMINISTRATIVE, OTHER THAN HEADQUARTERS (e.g.: data processing, public relations)
☐ RESEARCH (e.g.: R & D, product testing, laboratory)
☐ STORAGE (e.g.: warehouse, distribution center, equipment yard)
☐ OTHER (please describe) (e.g.: Repair shop, security office, maintenance, employee recreation facility) _____

Please check the box describing client company's major business activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting | <input type="checkbox"/> Transportation and Warehousing | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Information | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Arts, Entertainment and Recreation |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate and Rental and Leasing | <input type="checkbox"/> Accommodation and Food Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional, Scientific, Technical Services | <input type="checkbox"/> Other Services _____ |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Management of Companies and Enterprises | |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Public Administration |
| | <input type="checkbox"/> Waste Mgt. and Remediation Services | |

Client Company

Signature _____

Title _____

Date _____